



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 7, 2007

Stephenie Ellwood, Administrator
Gables Special Needs II
830 1st Street
Idaho Falls, ID 83401

Dear Ms. Ellwood:

On July 27, 2007, a complaint investigation survey was conducted at Gables Special Needs II - Gables Management, LLC. The survey was conducted by Polly Watt-Geier, Social Worker. This report outlines the findings of our investigation.

Complaint # ID00002839

Allegation #1: The facility is operating without a license.

Findings: The facility is currently in the process of becoming licensed through the licensing and survey agency.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by beginning the licensing process to become licensed by the licensing and survey agency.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Polly Watt-Geier'.

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Polly Watt-Geier, MSW, Health Facility Surveyor